

Shaft & Slope Shot Firer Examiner Number:	
Date Issued:	

State of West Virginia

Office of Miners' Health, Safety and Training

#7 Players Club Drive – Suite 2 Charleston, WV 25311-1626 minesafety.wv.gov

OFF	ICIAL SHAFT & SL	OPE SHOT FIRER EXPI	ERIENCE DOCUMEN	IT	
Section 1					
Name (Print)					
Last		First Middle			
Address Street or Box		City	State	Zip	
Street or box		City	State	Zip	
Social Security Number (last	four digits)	_ Mine Foreman Certificate N	Number (if applicable)		
Total years shaft & slope exp	perience	_ years. (Note: Minimum T	wo (2) years shaft & slope	experience requ	iired.)
Present Occupation:					
ı	HEREBY CERTIFY THAT	THE ABOVE STATEMENTS AF	RE TRUE AND CORRECT,		
			ŕ		
Date		Signature of Applicant			
Section 2 Mining Experience: (Not	e: Minimum Two (2) years u	nderground experience required.)			
				Years and	Sheet
Company Name (s)	Mine Name	Company Address	Duties	Months	#
			1	Worked	
1.				Years:	
2.				Months: Years:	
2.				Months:	
(use additional sheets as necess	cary to document experie	nca l	-	1	
luse additional sheets as hecess	ary to document expense	nce.,			
SIGNATURE OF COMPANY O	FFICIAL MUST BE NOTA	ARIZED			
Section 3 I HEREBY CERTIFY THAT THE	ABOVE STATEMENTS A	ARE TRUE AND CORRECT,			
Date		Signature of Company Offic	ial		
Subscribed and sworn befo	ore me, a Notary Public	in and for	County,		
State of	, this	day of	, 20		
Notary Public				(Notary S	Seal)
My Commission Expires					
22A-1-21(d): Whoever knowingly r required to be maintained pursuan	nakes any false statements, t to this law or any order or	representation, or certification in a decision issued under this shall be a not more than 6 months, or both find	guilty of a misdemeanor, and up		
Approval Date		Approved by (WVMI	HST)	<u>-</u>	
NOTE A.: 1			. (2)		

NOTE: Attach a copy of your First Aid Training Document. Minimum of five (5) hours per two (2) years training required.